

EXHIBIT D

STATE OF ARIZONA CERTIFICATION OF VITAL RECORD			
ORIGINAL STATE COPY		STATE OF ARIZONA DEPARTMENT OF HEALTH SERVICES-BUREAU OF VITAL RECORDS CERTIFICATE OF DEATH	
1. DECEDENT'S LEGAL NAME (FIRST, MIDDLE, LAST, SUFFIX)		2. AKA'S (IF ANY)	
THOMAS, CHRISTOPHER, RETZLAFF			
3. DATE OF DEATH		4. SEX	
09/01/2021		MALE	
5. SOCIAL SECURITY NUMBER		6. DATE OF BIRTH	
[REDACTED] 5528		[REDACTED] 1966	
7. AGE		8. CITY/TOWN, COUNTY AND ZIP OR LOCATION OF DEATH	
55 YEARS		EL MIRAGE, MARICOPA, 85335	
9. PLACE OF DEATH (TYPE OF PLACE OF DEATH AND FACILITY NAME/ADDRESS)			
RESIDENCE - 13022 W COLUMBINE DRIVE			
10. BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY)		11. MARITAL STATUS	
ROCHESTER, MINNESOTA		MARRIED	
12. NAME OF SURVIVING SPOUSE PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)		13. DECEDENT'S USUAL RESIDENCE ADDRESS (STREET, CITY, COUNTY, STATE, ZIP)	
TAYJALAYA, UNKNOWN		13022 W COLUMBINE, EL MIRAGE, MARICOPA, AZ, 85335	
14. DECEDENT'S HISPANIC ORIGIN(S)		15. DECEDENT'S RACE(S)	
NO, NOT SPANISH/HISPANIC/LATINO		WHITE	
16. EVER IN ARMED FORCES		17. OCCUPATION	
YES		UNEMPLOYED	
18. FATHER'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (FIRST, MIDDLE, LAST, SUFFIX)	
LAYNE, R. RETZLAFF		SANDRA, FRANCES, LORGE	
20. INFORMANT'S NAME (FIRST, MIDDLE, LAST, SUFFIX)		21. RELATIONSHIP	
SCOTT, RETZLAFF		BROTHER	
22. INFORMANT'S MAILING ADDRESS			
733 27TH STREET NW, ROCHESTER, MN, 55901			
23. NAME AND ADDRESS OF FUNERAL FACILITY OR RESPONSIBLE PERSON		24. FUNERAL DIRECTOR'S NAME OR RESPONSIBLE PERSON	
CREMATIONONLY.COM		ERICA, HICKEY	
25. LICENSE NUMBER		26. METHOD(S) OF DISPOSITION	
FDL-001566		CREMATION	
27. NAME AND LOCATION OF 1ST DISPOSITION FACILITY		28. NAME AND LOCATION OF 2ND DISPOSITION FACILITY	
REGENCY MORTUARY & CREMATION INC.		SUN CITY, AZ, US	
MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART I			
29. A. IMMEDIATE CAUSE OF DEATH		30. APPROXIMATE INTERVAL	
MULTIPLE SHARP FORCE INJURIES		UNKNOWN	
31. B. DUE TO OR AS A CONSEQUENCE OF:		32. APPROXIMATE INTERVAL	
33. C. DUE TO OR AS A CONSEQUENCE OF:		34. APPROXIMATE INTERVAL	
35. D. DUE TO OR AS A CONSEQUENCE OF:		36. APPROXIMATE INTERVAL	
CAUSE OF DEATH PART II			
37. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		38. INJURY?	
		YES	
39. INJURY AT WORK?		40. MANNER OF DEATH	
NO		HOMICIDE	
41. TIME OF DEATH		42. WAS AN AUTOPSY PERFORMED?	
22:45		YES	
43. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?		YES	
CAUSE AND MANNER CERTIFICATION			
ON THE BASIS OF EXAMINATION OR INVESTIGATION, AS APPLICABLE, THE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.		44. NAME OF PERSON COMPLETING CAUSE OF DEATH	
		AMANDA, E. MASKOVYAK	
45. DATE CERTIFIED		46. CERTIFIER'S ADDRESS	
09/03/2021		701 W JEFFERSON STREET, PHOENIX, AZ, 85007	
Date Registered: 10/05/2021		Date Issued: 06/26/2023	
Vs-49 Rev. 12/2017			
This is a true certification of the facts on file with the Arizona Department of Health Services, Bureau of Vital Records, PHOENIX, ARIZONA. Revised 07/2016.		Krystal Colburn KRISTAL COLBURN ASSISTANT STATE REGISTRAR	
This copy not valid unless prepared on a form displaying the State Seal and impressed with the raised seal of the issuing agency.		ARIZONA DEPARTMENT OF HEALTH SERVICES	
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE			